See instructions on back of certificate.

TION is very important.

PHYSICIANS should state Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2030
1. PLACE OF DEATH	93-0
County St. may 5	Registration Dist. No. 2 8-6
Village or City List from go	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U. S. if of foralgn birth?yrsmosds.
2. FULL NAME vhu /tavema	-Banagan
(a) Residence: No. This of this	St., Ward.
(Vousiplace of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX	21. DATE OF DEATH
OR DIVORCED (write tha word)	(Month) (Oay) (Véar)
5a. If married, widowad, or divorcad HUSBAND of	
War Marsail 3 ana ja	22. I HEREBY CERTIFY. That I attended dacesad from
6. DATE OF BERTH (month, Ly, and year) 8 - 9 - 18-74	I last saw h alive on 2 1 4 , 19.3 7; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date steted above, atm.
62 6 7 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and raietad causas of importance were as follows:
R Trade profession or particular	Chem yola lory
SAWYER, BOOKKEEPER, etc.	(
work was done, as SILK MILL, SAW MILL, BANK, atc.	
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date decessad last worked at this occupation (month and 2 3 3) spent in this year?	
/ Cd	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	aculi of office
13. NAME Stu Banaja	
13. NAME Sanafa 14. BIRTHPLACE (city or town) Three Sanafa (State or country)	Neme of operationOate of
(State of Country)	What test confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAMES & better / fuse a 16. BIRTHPLACE (city of town)	23. If daeth was due to externel causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city of town)	Accident, suicide, or homicide? Date of injury, 19
2 (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Julius 13 and a grant (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Celof / and Date 2 - / fra, 19.37	Nature of injury
19. UNDERTAKER B. C. Walting	24. Was disaase or injury in any way raiatad to occupation of dacaased?
(Address) Image of the	If so, specify (Signard)
20. FILED 2/2 , 1937 L. C. C. Registrar.	(Signad)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
- I KENU V. S.	-			
Other contributory causes of importance:		Other contributory causes of importance:	•	
Gallstones	May 1,1923	Gastroenteritis	1 year	

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement	
ED.]	SIC	state	
SC	PHY	act	
I RE	Y.	EX	
VEN.	TI	fied.	
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HT.	pln	nay	ack
NK-	sho	it n	on b
DNG	AGE	that	ions
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UNF	pplic	term	inst
TH	ly su	lain	See
WI	reful	in p	ant.
YLY,	e ca	ATH	nport
E I	ld b	DE	ry in
E.P	shor	E.OF	TION is very important. See instructions on back of certificate.
'RIT	tion	USI	NO
1	ma	CA	TI

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 2031
1. PLACE OF DEATH	108
County Macy	Registration Dist. No. 2 F 7
Village or City Lorcaldocery	No. It Many Sorpht st. D Ward
	death occurred in a hospital or institytion, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME James Broak	2
(a) Residence: No. Lograndeltown	/ St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Peccles	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, and year) May 22, 1898	I last saw black alive on 2 19. 7: death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, a 2 - 2 - m.
38 8 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onset
SANTEN, DUDNIEEREN, EIC.	1443)
9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.	/
1D. Date deceased last worked at this occupation (municipal and 137) 11. Total time (years) spent in this year) 000000000000000000000000000000000000	
Ond	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Paris Carrie Dilatelia
13. NAME Tracks Prooks	
13. NAME Track Track 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME LUSSE / Dawer	23. If death was due to external causes (VIDLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Mca,	Accident, suicide, or homicide?
S (State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Chefron 4/23, 1937	Manner of injury
19. UNDERTAKER 1846, Klaccicle (Address)	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED 7/22 , 1957 Barrages Registrar.	(Signed) Algel (Careally M. D. (Address) Social Rocary

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
May 1,1923		1 year		
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:		

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Local Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Date of onset

(Day)

(Address) prest

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is cory important. See instructions on hack of certificate.	TION IS ACT THE DESCRIPTION OF DECK OF COMMENTS
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	8
County Stimany	Registration Dist. No. 284
Village or City College	NoSt.,Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Clillborn	Butler
(a) Residence: No.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Day)
5 If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended decessed from
6. DATE OF BIRTH (month, dey, end yeer) 2 - 6 - 3 7	last saw here on 2 6 19 7 deeth is said
7. AGE Yeers Months Days If LESS then	to heve occurred on the dele steted above, etm.
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows
9 Trade profession or estimate	free alene
9. Industry or business in which	
work wes done, as SILK MILL, SAW MILL, BANK, elc	please in the
this occupation (month end spent in this occupation occupation	almit 10 day
10 01.1	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) (Stete or country)	4001
13. NAME Robert Secilon	
13. NAME Role (city or town) a delet	Neme of operation
(Steel of County)	Whel test confirmed diagnosis? Was there an europsy?
15. MAIDEN NAME Larl Syally Buth	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME and Scale Shelt 16. BIRTHPLACE (city or town).	Accident, suicide, or homicide?
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place 2 C C C Dete 1 5, 19.3 /	Neture of Injury
19. UNDERTAKER July 18 18 18 18 18 18 18 18 18 18 18 18 18	24. Wes diseese or injury in eny way releted to occupetion of deceesed?
(Address)	If so, specify
20, FILED 2 S , 1937 M. V. O Celes Registrar.	(Signed) M. D.
Registrar.	n (Vinite22)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial hephritis.	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MARIA				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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(Address)

should state

of OCCUPA.

STATE O	F MARYLAND-	CERTIFICATE OF DEATH 2034
1. PLACE OF DEATH		8
County Sx, many	A CONTRACTOR OF	Registration Dist. No.
Village or City Mechanic		No. St., Ward
Length of residence in city or town where de		If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Infent	Curtis	
(a) Residence: No. Mechan	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Coloud	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Tet. 15 193 (Month) (Dev) (Year)
5a. If married, widowed, or divorced HUSBAND of		(mointii) (bey) (fear)
(or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	4. 15-1937	I last saw halive on
7. AGE Yeers Months	Days If LESS than	to have occurred on the date stated above, etm.
	l day,hrs.	were se follows:
8. Trede, profession, or perticular	7 012000=1111116	Date of onset
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.		1-01 71/
Kind of work done, es SPINNER, SAWYER, BDDKKEPER, etc		Stell born 7/2 mout
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Mary (State or country)	land	Dther Contributory Causes of Importance:
13. NAME Gernard C	urtis	_
14. BIRTHPLACE (city or town) man	s land	Name of counting
(State or country)		Name of operation Date of
15. MAIDEN NAME Catherine	Shours	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
H	- Charle	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Catherini &	pears	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL		
CAO	7.0, 5 27	Menner of injury

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Nature of injury

If so, specify

24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis MA 4 1901	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Market	7 (1)			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year	
	11/49/1,10/0	Vision york or seto	1 year	

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DING	AGE	so that	ctions
NFA	lied.	ns,	itru
D	ddn	teri	e ins
WITH U.	fully supp	n plain tern	nt. See ins
NLY, WITH U	be carefully supp	SATH in plain tern	mportant. See ins
PLAINLY, WITH U	should be carefully supp	OF DEATH in plain tern	very important. See ins
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH 2035
1. PLACE OF DEATH	1223
County Try Yuguy	Registration Dist. No.
Village or City for Callet on (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidance in city or town whera death occurred	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary Olling Chills	
(a) Residence: No. Section	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or diverced HUSBAND of	
(or) WIFE of Jells Clints	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) June 1912	I last saw hele alive on Tele 10 19 2 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
24 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
9 Trade profession or particular	wera as follows:
SAWYER, BDDKKEEPER, etc.	1 cue Westeral
Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation femality and	Obstruction: probably consed
SAW MILL, BANK, etc.	by volvulus of intestine. not due to concer.
11. Total time (years) this occupation (ment) and 12 spent in this occupation (year)	Quiration: tekenty-four hourse Could
12. BIRTHPLACE (city or town) And	Other Contributory Conses of Importance:
(State or country)	
13. NAME Lleves Cornish	
13. NAME XLEWES COTOLISTS 14. BIRTHPLACE (city or town) A CA	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy220
15. MAIDEN NAME Charlasty Kleekum	23. If death was due to external causes (VIDLENCE) fill In also tha following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury,19
(Stata or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT A Williams (Addrass) / Loward Addrass)	Specify whether Injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
Place	Nature of Injury
19. UNDERTAKER O, Clausing G. (Address)	24. Was diseasa or Injury in any way related to occupation of deceased?
2/11/25/0/5	(Signed) Trayl a. Campling
20. FILED 195 7 Willed Registrar.	(Address) Seoceacolor M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2036
1. PLACE OF DEATH	(3)
County C. ye ary 9	Registration Dist. No. 256
Village or City Clement	No. und St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred byrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 3 193 7
5a. If marriad, widowad, or divorced	(Month) (Day) (Year)
HUSBANO of (or) WIFE of Mayant Barry.	22. I HEREBY CERTIFY. That I attanded deceased from 2 2 - 195) to 2 - 3. 193)
6. DATE OF BIRTH (month, day) and year) 2 - 10 -1863	I last saw h alive on
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated ebova, at 10-m.
5 4 0 7 1 day,hrs. ormln.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER.	Olivorie in lessel
SAWYER, BOOKKEEPER, etc.	le et le 1 i fi
9: Industry or business in which work was done, as S1LK MILL, SAW MILL, BANK, etc	
O 10. Date deceased last worked at	Clean, in o cardil
occupation (month and / 34 spant in this 50 occupation	July church
chali Cro.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Vishand Out	
13. NAME / Lect and Center 14. BIRTHPLACE (city or town). Chapter	Name of a santia
(State or country)	Neme of operation Date of
IS MAIDEN NAME 1 - + + - / 214'	What test confirmed diagnosis?
15. MAIDEN NAME LE LA LEY S 16. BIRTHPLACE (city or town) Chay Labor (State or country)	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
O 16. BINTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury19
1 1	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Addrass) (Addrass)	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Oate - , 19.3	Nature of injury
19. UNOERTAKER Enforce (Fact (Addrass)	24. Was disaasa or injury in any way related to occupation of dacaasad?
20. FILED 2-5-, 1937 M. V. 6 alv. Registrar.	(Signad) TWW William M. O. (Address) Mark Palam
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

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Example I	la la	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis : 5	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

certificate.

See instructions on back of

very important.

TION is

of OCCUPA-

1. PLACE OF DEATH 2	(21)
County Hauss	Registration Dist. No. 282
Village or City Consultation	No. St. Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or to n where death occurred	sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Level 21 Have	
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male white endowed	(Month) (Pay) (Year)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22. 2 HEREBY CERTIFY, that attended deceased from
The state of the s	19 7, to 19 8.7.
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on, 19, 19; death is said
7. AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, at U. w.m.
ormin,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Tutalor Rephysles
SAWYER, BOOKKEEPER, etc.	Chronic 1934
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
	-
10. Date deceased last worked at this occupation (month and \$\frac{1}{8}\frac{1}{9}\$ spent in this occupation wear)	
year) Occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME 4 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country) Hardel by Market	Where did injury occur?
01.71 - 05-1	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	Specify mission injury vocation in missioning in money of in restrict report
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
Place of Junglan Constante Fel 25, 19 3	- Nature of injury
250 1 V 2	
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
all a series of the	If so, specify ————————————————————————————————————
20. FILED 1 20 , 19 5 Clauralin	(Signed) J. J. D. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
700:		160000000000000000000000000000000000000	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

5038

Sa. If marriad, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year A) 7. AGE Years Months Days If LESS than I deyhrs. ormin. 8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 10. Data deceased last workad at this occupation (month end year) Other Coatributery Causes ol Importance: 13. NAME Date of operation Name of opera	1. PLACE OF DEATH	82-0
Laggh of residence in city or town where death occurred	County of Marge.	Registration Dist. No. 2 24
Langth of residence in city or town where death occurred yes. 2. FULL NAME (a) Residence: ND. (b) Consistence: ND. (c) Consisten	10 10 4	
(a) Residence: ND. (Unables of slook) PERSONAL AND STATISTICAL PARTICULARS 3.5EX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED (Wintth agro) 5.1 II marriad, widowed, or played with the part of the p	t anoth of residence le situ or town where death sourced	
(a) Residence: No. Charles of shock of the control	7-1 0 1/-	
County C	2. FULL NAME Morgan Har	If U. S. Veteran, specify WAR.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR BUYDORED Course the world on the date stated above, etc. A. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows. SAWYER, BOOKNEFER, etc. D. Duts deceased last worked at this coupsition (manth end buyDORED Course) buyDORED Course the worked on a six KM MILL, SAM MILL, BARK, etc. 10. Duts deceased last worked at this coupsition (manth end buyDORED Course) buyDORED Course the worked on the buyDORED Course the world on the date stated above, etc. A. m. 12. BIRTHPLACE (city or town). (State or country) 13. RAME 14. BIRTHPLACE (city or town). 14. BIRTHPLACE (city or town). 15. MAIDEN NAME 16. BIRTHPLACE (city or town). 16. BIRTHPLACE (city or town). 17. INFORMANT 18. BURDAL CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address)		
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR BUYDRED Comine the supre) 3. If married, widowed, or divorged (Month) (Osy) (Vést) 3. If married, widowed, or divorged (Month) (Osy) (Vést) 3. If married, widowed, or divorged (Month) (Osy) (Vést) 3. If married, widowed, or divorged (Month) (Osy) (Vést) 3. If married, widowed, or divorged (Month) (Osy) (Vést) 3. If married, widowed, or divorged (Month) (Osy) (Vést) 3. If married, widowed, or divorged (Month) (Osy) (Vést) 3. If married, widowed, or divorged (Month) (Osy) (Vést) 3. If married, widowed, or divorged (Month) (Osy) (Vést) 3. If married, widowed, or divorged (Month) (Osy) (Vést) 4. If married, widowed, or divorged (Month) (Osy) (Vést) 4. AGE Vers Months Days (It EESS than 1 days on 19.7 to 19.7		With the second
S. If married, widowed, or divorged HUSBAND (Months) (Day) (Very HUSBAND (Cay) (Very H		
HUSBAND of Cory WHE of J. 5. DATE OF BIRTH (month, day, and year A) and Koan Days 11 LESS than 1 day	OR DAVORCED (write the y	yprd) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
6. DATE OF BIRTH (month, day, and year R) and keeps of the season of the season of the date stated above, et. 19.7. Its staw h	5a. If marriad, widowed, or divorced	The state of the s
S. Trade, profassion, or particular initial and profit in the profit in	(or) WIFE of	and with the second
TAGE Years Months Days If LESS than 1 dey	2 16 10/	
8. Trade, profassion, or particular wind of work dome, as SPINNER, SAWYER, BOOKNEPPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data decessed last worked at this occupation (month end years) spent in this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Data decased? (Address) 11. Total time (years) spent in this occupation Other Contributory Causes of Importance: Data of What test confirmed diagnosis? Was there an autopay? 23. If death was dua to axternal causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide? Dete of injury Where did injury occurr? Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury (Address) N. E. (Address)		2- 0
8. Trade, profession, or patitulary SAWYER, BOOKKEPER, etc. 9. Industry or business in which SAW MILL BARK, etc. 10. Date deceased last worked at the cocupation (month end year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILEDELL 15. 193.7 Augusta 15. Maiden 19. UNDERTAKER (Address) 20. FILEDELL 15. 193.7 Augusta 15. Maiden 19. UNDERTAKER (Address) 20. FILEDELL 15. 193.7 Augusta 15. Maiden 19. UNDERTAKER (Address) M. E. (Address)	6 4 - 1 dey,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
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(Specify city or town, county and State) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place (Addrass) 19. UNDERTAKER (Addrass) 20. FILED FLC 15. , 1937 Registrar. Where did injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE. Natura of Injury Natura of Injury 19. UNDERTAKER (Addrass) (Signad) (Signad) (Address) Mere did injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of Injury Natura of Injury (Signad) (Signad) (Signad) (Address)	(State of country)	What test confirmed diagnosis? Was there an autopsy?
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(Specify city or town, county and State) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place (Addrass) 19. UNDERTAKER (Addrass) 20. FILED FLC 15. , 1937 Registrar. Where did injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE. Natura of Injury Natura of Injury 19. UNDERTAKER (Addrass) (Signad) (Signad) (Address) Mere did injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of Injury Natura of Injury (Signad) (Signad) (Signad) (Address)	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
18. BURIAL, CREMATION, OR REMOVAL Place Place Data 2/66, 193.7 19. UNDERTAKER (Addrass) 20. FILED 16. 193.7 Registrar. (Address) Manner of Injury Natura of Injury Natura of Injury (Signad) (Signad) (Address) M. E. (Address)	(State or country)	
18. BURIAL, CREMATION, OR REMOVAL Place Place Data 2/16, 193.7 19. UNDERTAKER (Addrass) 20. FILED 266 15 , 193.7 Registrar. Manner of Injury Natura of Inju		Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
Place Place Data 2 6 ,193.7 Natura of injury 19. UNDERTAKER (Addrass) 24. Was disaasa or Injury in any way related to occupation of decaased? If so, specify (Signad) (Address) M. C. (Address)		
19. UNDERTAKER (Addrass) 24. Was disaasa or Injury in any way related to occupation of decaased? If so, specify (Signad) Registrar. (Address) M. E. (Address)	- 1 1	5 7
(Addrass) 20. FILED FEC 15, 1937 Registrar. (Addrass) (Signad) Security (Address) M. C. (Address)	100	110010 V. IIIJUI
20. FILED Feld 15, 1937 Lean Darling (Signad) Seem Salboron M. C. (Address)	//	
20. FILED Registrar. (Address)	(Addrass)	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 4 1937	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

of OCCUPA-

1. PLACE OF DEATH O	Registration Dist. No. 2
Village or City pulse for a sallow (II Length of residence in city or town where death occurred yrs. mos 2. FULL NAME William file of form of the sallow o	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number) ids. How long in U.S. if of foreign birth?yrsmosds, U.St., field Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OF DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day 7, 193.37
5a. If married, widowed, or divorced HUSBAND of (or) HTC. 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than I day,hrs. ormin. 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country)	22. i HEREBY CERT f FY. They I attended deceased from 193. I last saw h and a alive on 193. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset Other Contributory Causes of Importance:
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address)	Name of operation
18. BURIAL, CREMATION, OR REMOVAL Plec Per Action Charles Char	Manner of injury Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address)

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis 3	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state IS A PERMANENT RECORD. Every item of inforof OCCUPA. Exact statement stated EXACTLY. properly classified. FOR BINDING See instructions on back of certificate. PLAINLY, WITH UNFADING INK-THIS IARGIN RESERVED mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be TION is very important. -WRITE

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2040
1. PLACE OF DEATH	948
County It Marys	Registration Dist. No. 28/
Village or City At Marya City	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Thomas Horos	
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF BEATH Let 28 1937
5a. If married, widowed, or divorced	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Can Long Language Horor	22. I HEREBY CERTIFY, Just lattended deceased from
0	til 27 ,1937, to, tel 28 ,1937
6. DATE OF BIRTH (month, day, and year) (0,1874) 7. AGE Years Months Days tf LESS than	t test saw h live on
(-2) 2 1 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade profession or particular	were as follows:
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Coronary believe 1933
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	General astris solutores 1930
U 10. Date deceased last worked at 11. Total time (years)	1404
this occupation (month and 1927 spent in this occupation	
12. BtrTHPLACE (city or town). Rasotice	Other Contributory Canses of importance:
(State or country) Thece Abracia	
13. NAME John Horse	
13. NAME John Horse 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country) yeeks strace	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Josephine Winch 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
State or country)	Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur?
1 1	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT AT Marins lity, had	- Specify windless taylory described in the section, in the man, of the following
18. BURIAL, CREMATION, OR REMOVAL P	Manner of Injury
Place Startae Attacky and Bayle March 1, 1931	Nature of Injury
19. UNDERTAKER & L. Olobinson	24. Was disease or injury In any way related to occupation of deceased?
(Address) Dumeron had	If so, specify
20. FILED Let 28 , 1937 Office his	(Signed) M. D. (Address) Great My lls, My d
Local Registrar.	(Nouress) - The Man Man - Man

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Chronic interstitial nephritis MAR 5 1931	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

BINDING

FOR

ARGIN RESERVED

	CERTIFICATE OF DEATH
I. PLACE OF DEATH	47-@
County H May 1	Registration Dist. No. 282
Village or City Sur Leby as above	// NoSt.,Wai
	death occurred in a hospitalor institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmos
1 11 8	
2. FULL NAME JUTETA (ANTAME	
(a) Residence: Notice (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	(Vear) (Vear)
. If married, widowed, or divorced	(vay) (rear)
HUSBAND of Transferred alell	22. I HEREBY CERTIFY, That I attended deceased from
The state of the s	19 1 10 19 19 19 19 19 19 19 19 19 19 19 19 19
DATE OF BIRTH (month, day, and year)	Mast saw h_ alive on, 195, death is sa
AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
00 ormin.	wera as follows?
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Kercenna g (V. Fung Out
9. Industry or business in which	<u></u>
work was dona, as SILK MILL, SAW MILL, BANK, etc	
10. Data deceased last worked at this occupation (more and spent in this	
yaar) spentri tils	
BIRTHPLACE (city or fown)	Dther Contributory Causes of importanca:
(State or country)	
13. NAME	7
14. BIRTHPLAGE (city or town)	Name of operation Date of
(State or country) // // // // // // (State or country)	What tast confirmad diagnosis? Was there an autopsy?
15. MAIDEN NAME Office Effecteth dather	If death was due to axternal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury 19
(Stata or country)	Whera did injury occur?
INFORMANT Search Sentrach I theren	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	
B. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placa Affron Curell the Tel-32, 193/	Nature of injury
UNDERTAKER De 6 Mallen slay	24. Was diseasa or injury in any way related to occupation of deceased?
(Address)	If so, specify A
VI CO	(Signed) Thenwell M
D. FILED 197	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis 1 3 3	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

AUDITIONAL	SPACE F	OR FURTHER	R STATEMENTS	BY	PHYSICIAN

1. PLACE OF DEATH	<u> </u>
County St Mary	Registration Dist. No. 28
Village Dr City Callaway Length of residence in city or town whera death occurred 5.3 yrs. 2	ND. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mos 4-3 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Belly Lawrence	
(a) Residence: No. (Usual place of al _t ode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Check OR DIVORCED (write the word)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lawrence	22. I HEREBY CERTIFY, That I ettended deceased from unettended deceased from 19
6. DATE OF BIRTH (month, day, and year) func 15, 1807 7. AGE Years Months Days If LESS that 1 day,	The state of the s
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, or home	Cerebral hemorrhage 2/24/37
10. Dato deceased last worked at this occupation (month and \$\frac{1937}{937}\$ 11. Total time (years) spent in this 30 occupation occupation 30 occupation	Other Coutributory Causes of importance:
13. NAME Jesse Green wall	mura sees sois prilate
13. NAME feese green woll 14. BIRTHPLACE (city or town) unknown (State or country) Manyland	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ellen Mason 16. BIRTHPLACE (city or town) unknown (State or country) Manyland 17. INFORMANT Clicy dawn	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Set his da cemeling Date March 2, 193.	Manner of injury
19. UNDERTAKER Com C Mattingly (Address) Lonardtown Mil	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED March 1, 187 Of Scan Mo Local Registrar	
If more blanks are needed, address State Regist	trar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SIDEALLY				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN

stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement properly classified. IARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be

V. S. No. 1

of OCCUPA-

1. PLACE OF DEATH	92-20
County St. Mary	Registration Dist. No. 2-8
	NoSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) (osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Touses France A-	0
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fulliage Walker	22. 1. HEREBY CERTIFY, That I attended decessed from
S. DATE OF BIRTH (month, day, end year) July 9, 187	I last saw h die on the land, 1937; deeth is seid
7. AGE Years Months Days If LESS than 1 day,hr	mere as follows.
8 Trade profession or particular	Aculi alalakas A heart
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked at this occuration (months and	
1D. Date deceased last worked at this occupation (month and year)	milial mufficeury
(State or country)	Other Contributory Causes of importance:
13. NAME James Feerer ple	
13. NAME School	Neme of operation Date of Was there an autopsy? W
15. MAIDEN NAME Merry Corneless Tees	23. If death was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury
17. INFORMANT Mys. Jan. F. Lee	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	
Place A Almarin Date 2/3 195	Manner of injury
9. UNDERTAKER W. O. Mallery ((Addiess) Alman Material)	24. Was disease or injury In eny wey related to occupation of deceased?
20. FILED 7/11 1957 Queeale 1 Resistrar.	(Signed) Aggella acception (Address) Coreaction

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:		
Chronic interstitial nephritis	1910	Attack of epilepsy Run over by street car	1 week ago	
C 1 11 1			1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state -WRITE PLANIX, WITH UNFADING INK -THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-Exact statement stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied.

FARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	2044
County St Mary	Registration Dist. No. 2 8 /
Village or City Hollywood	
h. 4	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	osds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Edward Light	
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	7 1937
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of alice higher	22. I HEREBY CERTIFY, That attended deceased from
W /	19 to 7 ,1937
6. DATE OF BIRTH (month, day, and year) Tel 1859	I last saw hom alive on
7. AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, at 7.45 A.m.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	7
SAWYER, BOOKKEEPER, etc	Broneho pneumonia 2/5/77
work was done, as SILK MILL, SAW MILL, BANK, etc.	
U 10. Date deceased last worked at 11. Total time (years)	
this occupation (month) and 1932 spant in this 60 occupation	
12. BIRTHPLACE (city or town) Hallywood	Other Contributory Causes of importance:
(State or country) Med	nothersa 1/ /3
13. NAME Jake hyle	
14. BIRTHPLACE (city or town). Unknown	Name of operation
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
16. BIRTHPLACE (city or town) - Linkmoun	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Longlas Scrib	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Hollywood ma	
18. BURIAL, CREMATION, OR REMOVAL Place Storms Convery Date Feb 9, 1937	Manner of injury
1 On A A A A	Nature of injury.
19. UNDERTAKER With C Matterplay	24. Was disease or injury in any way related to occupation of deceased?
(Address) disnaration md	If so, specify
20. FILED Jet 7, 1837 Place Int.	(Signed). (Address) Great Mills hid
If more blanks are needed, address State Registrar	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		1	Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	ECELY	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAR 5 1301	July 5,1927	Peritonitis	3 days ago	
	8110740 V. S.				
Other contributory ca	The state of the s		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN				
	,			

MOLL

	S	IAIL
1	. PLACE OF DEAT	гн
	County St. M	mys
	Village or City	conna
	Length of residence In_ci	ty or town where
		ft :
	(a) Residence: No.	vicum
	(a) Nesidence. No	
_	PERSONAL AN	
3. 3	I 110.	R OR RACE
-	Timale Whi	ti
5a.	If married, widowed, or divo HUSBANO of (or) WIFE of	rced
		M.
	DATE OF BIRTH (month, day AGE Years	,
4. 4	AGE 16912	Months
OCCUPATION	kind of work done, SAWYER, BOOKKEE 9. Industry or business in work was done, es S SAW MILL, BANK, e 10. Date deceased last wor this occupation (mor year)	PER, etcwhich which SILK MILL, etcked at
12.	BIRTHPLACE (city or town).	Leonas
_	(State or country)	h
ATHER	13. NAME John	_d Me
FAT	14. BIRTHPLACE (city or to (State or country)	wn)
HER	15. MAIDEN NAME	thein
MOT	16. BIRTHPLACE (city or to (State or country)	wn) dron
	INFORMANT athe (Address) Lo	rine of
18.	Place St. Cleyson	ed Constru
	1 0	0

F MARYLAND—CERTIFICATE OF DEATH Registration Dist. No.23 (If death occurred in a hospital or institution, give its NAME instead of street and number) (Usual place of abode) MEDICAL CERTIFICATE OF DEATH CAL PARTICULARS 5. SINGLE, MARRIFD, WIOOWED, 21. DATE OF DEATH OR DIVORCED (write the word) CERTIFY. That Lattended deceased from If LESS than 1 day _ 1-5_ hrs or____min. Date of onset 11. Total time (years) spent in this occupetion ___ Neme of operation What test confirmed diagnosis?_____ Was there an au'opsy?. 23. If death was due to externel causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?______ Data of injury______ 19. Where did injury occur?___ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Date. 24. Was disease or injury in any wey related to occupation of deceased? If so, specify Registrar. (Address) __

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis 193	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

2046

1. PLACE OF DEATH	1120
County St Marry.	Registration Dist. No. 284
Village or City Lacence 92002.	AL.
village of City of Lace (1	NO. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Edward. Morgan	If U. S. Veteran, specify WAR
(a) Residence: Np.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH FELL LO 193 7 - (Month) (Day) (Vear)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
9-1-21-	766 6 ,1927, to 726. 10- ,19.37
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on 72, 19.1.7 _; death is said
7. AGE Years Months Days If LESS than 2 1 day, hrs.	to have occurred on the date stated above, atm.
2 2 7 1 day,nrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of offset
SAWYER, BODKKEEPER, etc.	Troucky Bremans. The
9. Industry or business in which	Primary Course: Fright - Sursting: 10 days 12
No of the profession of particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and the properties of the pr	01.45
year) occupation	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Direct Contributory Causes of Importance.
(State or country)	Ma Dane, la le one.
13. NAME Carrent: Marian.	
14. BIRTHPLACE (city or town) had	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Docky Rose Trey 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
State or country)	Where did injury occur?
17. INFORMANT Duck Love Affergan: (Address) Lawel Ergen	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place If or reflor Date the 16, 1937	Nature of injury
U414 D41 DP	
19. UNDERTAKER Tower A asked.	24. Was disease or injury In any way related to occupation of deceased?
(Address) Variet egym	If so, specify
20. FILED If U. 1937 Temperochani	(Signed) Why of the M. D.
Registrar,	(Address), by the Hall

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
11 V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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item	sho	of 0	
RD. Every	YSICIANS	statement	
RECO	К. РН	Exact	
RMANENT	XACTL	classified.	÷
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IS	Sta	pr	cer
02	d)	d)	
=	P	pe	of
NK-THI	should be	it may be	n back of
ING INK-THI	AGE should be	so that it may be	tions on back of
UNFADING INK-THI	upplied. AGE should be	terms, so that it may be	e instructions on back of
WITH UNFADING INK-THI	efully supplied. AGE should be	in plain terms, so that it may be	ant. See instructions on back of
MLY, WITH UNFADING INK-THI	be carefully supplied. AGE should be	EATH in plain terms, so that it may be	important. See instructions on back of
PLAMLY, WITH UNFADING INK-THI	ould be carefully supplied. AGE should be	F DEATH in plain terms, so that it may be	ery important. See instructions on back of
TE PLANLY, WITH UNFADING INK-THI	should be carefully supplied. AGE should be	E OF DEATH in plain terms, so that it may be	is very important. See instructions on back of
WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2047
1. PLACE OF DEATH	920
County At Alders	Registration Dist. No.
Village or City h Alleacatom	NoSt.,Ward
(If Length of rasidance In city or fown whera death occurrad 5 4 yrs) mos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME Le meard hes	
1/2 0 000	SE Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Osy) (Year)
5e. If marriad, widowad or divorced HUSBANO of (or) WIFE of Sectional Barries	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Man, 15, 1883	f fast saw h alive on Acre 2 5 19 2 7 daath is said
7. AGE Yaars Months Days If LESS than	to heve occurrad on the date steted above, atm.
53 10 20 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated causas of Importance ware es follows:
8. Trada, profassion, or particular	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	1) 1
work was dona, as SILK MILL, SAW MILL, BANK, etc	Whice mel greet
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. JINdustry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Oata dacaasad last worked at this occupation (month end 1/3/3) year) Occupation	acute Cordea allalation
ne	Othar Contributory Canses of Importance:
12. BIRTHPLACE (city or town) (State or country)	Willia Octoros
13. NAME/Decelel Wal	
13. NAME / Second 14. BIRTHPLACE (city or town) MCG	Neme of operation
(State of country)	What test confirmed diagnosis? Was thara an eutopsy? Also
15. MAIDEN NAME (LAURE A) STATE OF THE STATE	23. If death was due to external causes (VIOLENCE) fill In elso the following:
[16. BIRTHPLACE (city or town)	Accidant, suicida, or homicide? Date of injury, 19
S (State or country)	Whare did Injury occur? (Specify city or town, county and State)
17. INFORMANT A CALL OF COMMENT (Address)	Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place (IIII) 195/	Natura of injury
19. UNDERTAKER C. Malerial	24. Was disease or injury in any way ralated to occupation of decaesad?
(Addréss) flirealation, t	If so, spacify
20. FILEO 2/3 ,1937 (Ceceacein	(Signad) Lacy (() & Called M. b.
Registrar.	(Addrass) (A. J. D. Z. L. Comp. Col. Col. Col. Col. Col. Col. Col. Col

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Example I	l	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAD 3 1927	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUSTAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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A PERMANENT RECORD. Every item of infor-PHYSICIANS Exact statement stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. NLY, WITH UNFADING INK-THIS IS AGE should be mation should be carefully supplied. TION is very important.

FOR BINDING

ARGIN RESERVED

should state

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2048
1. PLACE OF DEATH	779
County St Manys	Registration Dist. No. 28/
Village or City Park Hall	No. St. Ward
Length of residence in city or town where death occurred	f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME James & Jannes	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Monthly (Day) 9, 193 7 (Vear)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from unattended 19
6. DATE OF BIRTH (month, day, and year) May 6, 1935	I last saw h; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1130 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Dato deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. BURIAL, CREMATION, OR REMDVAL Place At Michael Ameliana Tall, 1937	Structured 18 Lapartice pills); Consulsions or curred within 1 hours Other Contributory Causes of importance: and while died in a consocilation with 2 hours of importance: Name of operation What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? A condent Date of Injury 2-19, 1937. Where did injury occur? at home have land the following: Specify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury field surface of stays hours. Nature of injury field surface of stays hours. 24. Was disease or injury in any way related to occupation of decaased?
20. FILED (\$169, 1937) Of Bran ma	If so, specify (Signed) M. D.
Local Registrar. If more blanks are needed, address State Registrar,	(Address) Greet, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of dcath and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
And Manager Ann and Company Applications on the A	- 1		
Other contributory causes of importance:		Other contributory causes of importance:	rear de
Gallstones	May 1,1923	Gastroenteritis	1 year
			L

19. UNDERTAKER

(Address)

should state

of OCCUPA-

STATE OF MA	DVI AND	CERTIFICATE C	E DEAT	ru ot a s	049
1. PLACE OF DEATH		———	IL DENI	п «	2040
Village or City M. Deleseur	کے	NoNo	Registration Dis	St.,	Ward
Length of residence in city or town where death occurre	h 11	death occurred in a horpital or institutionds. How long in U.S. if of f			
(a) Residence: No. 10 parcuse	place of abode)	St.,Ward.	If nonresident giv	ve city or town and	State
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CE	RTIFICATE C	OF DEATH	
a lead of Div	MARRIED, WIDOWED, ORCED (write the word)	21. DATE OF DEATH	Feh.	(Day)	, 193 (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of MOWESPRY	thare	22. HEREBY	CERTIFY.	That I ettended	deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Day	s If LESS than	I last saw h elive on	leh. 4	/	, deeth Is said
about leg	1 dey,hrs.	to have occurred on the date stated: The PRINCIPAL CAUSE OF DEATH were as follows:		m, of importance	Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	2	(1)	A-a-l-f		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occuration (month and		puroue 0	agran	701	
10. Date deceased last worked et this occupation (month and year)	otel time (yeers) spent in this occupation				
12. BIRTHPLACE (city or town) 2014 (State or country)		Other Contributory Causes of import	ance:		
1 1/1 1/1/2	7	-			
13. NAME XCCC (city or town) MA 14. BIRTHPLACE (city or town) MA (State or country)		Neme of operation			71.
15. MAIDEN NAME ODE CLEA CLEUS 1 16. BIRTHPLACE (city or town)	mauron	What test confirmed diagnosis? 23. If death was due to external cause			
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?	De	te of injury	, 19
17. INFORMANT beleste Held (Address) oakweel	eeb	Specify whether injury occurred in I		wn, county and Stat E, or in PUBLIC PL	
18. BURIAL, CREMATION, OR REMOVAL Place Date Date	1/12 1037	Manner of injury			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	OR FURTH	R STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND	CERTIFICATE OF DEATH 2050.
1. PLACE OF DEATH	(22.72)
County A. Menza	Registration Dist. No. 284
Village or City A att Nash	No. St., Wa death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME Eller Howard J.	thoran
(a) Residence: No. Charlate Hull	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Who G OR DIVORCED (write the word)	7.6. 26
5a. If merried, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attanded decassed fr
6. DATE OF BIRTH (month, day, and year) Mey 15 1854	
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at
1854 May 13 1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER	Date of on
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Clarte hypowaling
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc	Queland & Clime cols
10. Data deceased last worked at this occupation (month and yaar)	Certific handon
£1 2 · P	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	
13. NAME John N. In thousan.	area (contric
13. NAME Ohn N. To than any 14. BIRTHPLACE (city or town) Many Consel	Name of operationData of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elizabeth Samesoulla	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Mes Logde Lundan (Addrass)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL OLD FOREST HE	Manner of injury
Placa Maria Variota 170 10,1987	Natura of injury
19. UNDERTAKER his along (Address)	24. Was disease or injury in any way related to occupation of decaasad?
P On +	(Signad) Augu D. Vagur
20. FILED 27 27 193 7 - Karney Jackson	

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Example I		Example II		
The principal cause of importance were as Arteriosclerosis	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1	1910	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis MAR	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	See Acres 1 1 1 1			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

certificate.

See instructions on back of

TION is very important.

mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

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BINDIN	
FOR	
VED	
RESERVED	
ARGIN	

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	107-01
County M Masself	Registration Dist. No. 287
Village or City Book stall	NoSt.,Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S.If of foreign birth?rsmosds.
017017	
2. FULL NAME TOURS HALL	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVERCED (write the word)	Teh 2/ 1937
5a. If married, widowed, or divorsed	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw harman alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
29 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Z 8. Trade, profession, or particular	Brancho Prenamonia
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
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SAW MILL, BANK, etc	
this occupation (month to spent in this occupation wear)	
1	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) (State or country)	
I4. BIRTHPLACE (city or town)	Name of operation Date of
□ 15. MAIDEN NAME	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)(State or country)	Accident, suicide, or homicide?
(State of county)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	Manage of Indiana
Place AT Months Carbolist tel-23, 1925	Manner of injury
Odan C & 1 2 1	6
19. UNDERTAKER (Address)	24. Was disease or injury in any way release to occupation of deceased?
21/22 22 23 CONTRACTOR MILE	If so, specify
20. FILED 12.5 , 19 Registrar.	(Signed)
	24XX N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 3 1997	July 5,1927	Peritonitis	3 days ago
BUS HAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	260 1 1 1 1
Gallstones	May 1,1923	Gastroenteritis	1 year